

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000086886**

1. Corporation Name

**ABM ELECTRIC, INC.**

Principal Place of Business

8931 JUPITER DR.  
PENSACOLA FL 32507

Mailing Address

8931 JUPITER DR.  
PENSACOLA FL 32507

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

03  
09/29/1999

5. FEI Number

59-3601852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NORTON, WILLIAM A	8931 JUPITER DR.	PENSACOLA FL 32507
D	HOLDER, MARK A	6015 CHANDELLE CIRCLE	PENSACOLA FL 32507
D	HOLDER, ALEX JR.	5191 PALE MOON DR.	PENSACOLA FL 32507

100023854401  
10/16/03--01039--022 \*\*150.00

8. Name and Address of Current Registered Agent

NORTON, WILLIAM A  
8931 JUPITER DR.  
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*William A. Norton*

Date **10-13-03**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*William A. Norton*  
Wm. A. Norton

Date **10-13-03**

Daytime Phone # **850-432-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**ABM**  
**ELECTRIC, INC.**

8931 JUPITER DR.  
PENSACOLA, FL 32507

PHONE 850-432-2020  
FAX 850-432-2017

DEPT OF STATE  
DIVISIONS OF CORPORATIONS  
TALLAHASSEE, FL

Gentlemen:

I WOULD ASK THAT YOU WAIVE THE PENALTY  
AS WE DID NOT RECEIVE THE UBE NOTICES  
THANK YOU FOR YOUR CONSIDERATION

ABM ELEC INTL  
Wm A Norton Pres.